

Retirement Application

For superannuation (regular or RetirementPlus) and termination retirement benefits

INSTRUCTIONS


1) **REVIEW** and **COMPLETE** this entire **TWO-PART** application.

Note that **YOU** have to complete Part 1, Sections 1 through 9, as well as Part 2, Section 1, and **YOUR PAYROLL OFFICER** has to complete Part 2, Sections 2 through 5.

2) **INVEST** some time in understanding your retirement benefit options, as described in the information and worksheet included on pages iii and iv, as well as reviewing the information you provide in your application for accuracy and completeness. Please read all instructions, and your responses, very carefully. This is your application for retirement; it is a very important document. If it is incomplete, processing will be delayed; accordingly, be sure to review each section to ensure that all required information has been provided. As necessary, print your responses legibly, in ink. Do not delete any pages from this application.

3) **SIGN** your application as required. (Not signing in all places is a common error and causes delays—please check your application carefully!) Remember to **sign** your application in **FOUR** places—on pages 6, 7 (if applicable), 8 and 9. If applicable, your spouse and a witness must also sign page 9.

4) **ATTACH** all of your required documents.

The  icon means that the document listed in the margin **must** be provided in order for us to process your application. For your convenience, a timeline and document checklist is provided on the next page; please be sure to use it to avoid delays in processing your application.

5) **FILE** your application in a timely manner.

We recommend that you file your application three to four months before your date of retirement, and **no earlier** than four months in advance. Please note that **if you file your application more than 60 days after your date of separation from service, your retirement date will NOT be retroactive to your resignation date.** In this case, the earliest effective date of retirement you may use will be 15 days after the date we receive your signed application.

6) **MAKE** a photocopy of all pages and attachments for your records.

7) **SEND** your materials to EITHER our main office OR our Western Regional office.

Middlesex, Essex, Norfolk, Bristol, Plymouth, Barnstable, Dukes, Nantucket and Suffolk
(charter schools only) **counties:**



Retirement Application Processing Unit
Massachusetts Teachers' Retirement System
One Charles Park
Cambridge, MA 02142-1206

Berkshire, Franklin, Hampshire, Hampden and Worcester counties:



Retirement Application Processing Unit
Massachusetts Teachers' Retirement System
101 State Street, Suite 210
Springfield, MA 01103-2066

We will not begin processing your benefit calculation until we receive your signed and complete retirement application. If your application is incomplete, we will contact you and this may delay processing. If you have any questions about the retirement process or any of this material, please don't hesitate to contact us. We look forward to serving you in your retirement!

Form F0001-RAP-05152006

MTRS

MASSACHUSETTS TEACHERS'
RETIREMENT SYSTEM

MAIN OFFICE

One Charles Park
Cambridge, MA 02142-1206
Phone 617-679-MTRS (6877)
Fax 617-679-1661

WESTERN REGIONAL OFFICE

101 State Street, Suite 210
Springfield, MA 01103-2066
Phone 413-784-1711
Fax 413-784-1707


ONLINE

mass.gov/mtrs

YOUR RETIREMENT PROCESS TIMELINE AND DOCUMENT CHECKLIST

Please use this timeline and document checklist to understand the steps that you—and we—need to take in processing your *Retirement Application*. Please note:

- The timeline is in relation to your intended date of retirement.
- Be sure to plan early and allow time for gathering your required documents.
- To fill in your dates, start with your desired date of retirement, and work backward.
- Please keep this page for your records. Use it to track the dates that you take each action, and to ensure that you submit all required documents.

| When (in relation to your date of retirement) | Action | Your dates |
|--|--|--|
| 13 months before (for RetirementPlus participants only) | <input type="checkbox"/> Meet with Payroll Officer to establish your RetirementPlus accelerated contribution payment plan and submit your plan data to the MTRS. | <input type="text" value="/ /"/> |
| 5–6 months before | <input type="checkbox"/> Go online to mass.gov/mtrs and download this application. If you have not estimated your potential benefits under Options A, B and C using our online estimator, please use the worksheet on pages iii and iv to understand and estimate your potential retirement benefits. | <input type="text" value="/ /"/> |
| 4–5 months before | <input type="checkbox"/> Complete Part 1 of application and forward Part 2 to your Payroll Officer for completion. <input type="checkbox"/> Gather your required documents. | <input type="text" value="/ /"/> |
| <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>IMPORTANT NOTE</p> <p>To the extent that you complete your application onscreen and you need to submit certain documents, these boxes will automatically be checked for you.</p> <p>However, please be sure to review your ENTIRE application to ensure that you submit ALL required documents.</p> </div> <div style="flex: 2;"> <p> NOTE: If you do not submit the required documents with your application, your application will not be processed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of marriage certificate (if you no longer use your maiden name or if you are selecting Option C and naming your spouse as your beneficiary) <input type="checkbox"/> Certified copy of your birth record* <input type="checkbox"/> Copy of your military discharge form DD214 (if you are a veteran) <input type="checkbox"/> Copy of your notice of termination (if you are filing for a termination retirement allowance OR if your date of retirement is different from the last day of the school/contract year) <input type="checkbox"/> Copies of your contracts/salary schedules for your 3-year salary average period, including any pages referencing contractual language to substantiate any earnings in excess of your regular contract rates <input type="checkbox"/> Completed Option B beneficiary designation (p. 10) (if you are selecting Option B) <input type="checkbox"/> Certified copy of your beneficiary's birth record* (if you are selecting Option C) <input type="checkbox"/> Copy of your qualified Domestic Relations Order (if you are divorced and have such an order in effect) <input type="checkbox"/> Additional sheet(s) regarding criminal offense <input type="checkbox"/> Voided check (if you are selecting direct deposit to a checking account) <p><i>*If you submit original documents, we will return them to you.</i></p> </div> </div> | | |
| 3–4 months before | <input type="checkbox"/> Receive signed Part 2 from your Payroll officer. <input type="checkbox"/> Submit your application and ALL attachments to the MTRS. | <input type="text" value="/ /"/> <input type="text" value="/ /"/> |
| About one month before your first pension check | <input type="checkbox"/> Receive notice of estimated retirement benefit and first payment information from the MTRS. | <input type="text" value="/ /"/> |
| Your date of retirement | | <input type="text" value="/ /"/> |

If you are retiring under:

| | | |
|---|--|----------------------------------|
| ■ Regular plan— Second full month after | <input type="checkbox"/> Receive first retirement allowance payment from the MTRS. | <input type="text" value="/ /"/> |
| ■ RetirementPlus— Fourth full month after | | |

OVERVIEW OF OPTIONS A, B AND C

The Massachusetts Retirement Law (M.G.L. c. 32) regulates your retirement allowance and allows you to choose one of three benefit options. These options differ with regard to the amount paid and whether any benefits will be paid to someone else after your death. In brief:

| Option | Monthly benefit amount | Survivor benefit |
|----------|---|---|
| A | Maximum allowance | None |
| B | Approximately 1% less than than Option A amount | One-time, lump-sum payment of balance, if any, remaining in member's annuity savings account <i>[Note: There are no restrictions on who or how many individuals or entities may be named as beneficiary. In most cases, the annuity will be depleted in 9 to 11 years.]</i> |
| C | Approximately 9–11% less than Option A amount | Monthly benefits paid to a survivor <i>[Note: Beneficiary must be the member's parent, child, sibling, spouse or former spouse who has not remarried.]</i> |

THE TABLES

For use with the retirement benefit estimate worksheet on page iv

Option A age factor table Use your age on your retirement date

| Age | Factor | Age | Factor | Age | Factor | Age | Factor |
|-----|----------|-----|----------|-----|----------|-----|----------|
| 41 |001 | 47 |007 | 53 |013 | 59 |019 |
| 42 |002 | 48 |008 | 54 |014 | 60 |020 |
| 43 |003 | 49 |009 | 55 |015 | 61 |021 |
| 44 |004 | 50 |010 | 56 |016 | 62 |022 |
| 45 |005 | 51 |011 | 57 |017 | 63 |023 |
| 46 |006 | 52 |012 | 58 |018 | 64 |024 |
| | | | | | | 65+ |025 |

NOTE: The information on pages iii and iv is provided for your reference only. If you have already estimated your potential retirement benefits under Options A, B and C using our online estimator, it is not necessary that you complete this worksheet.

RetirementPlus percentage table Service is in FULL years

| Service | R+ % | Service | R+ % | Service | R+ % |
|---------|----------|---------|----------|---------|----------|
| 30 |12% | 34 |20% | 38 |28% |
| 31 |14% | 35 |22% | 39 |30% |
| 32 |16% | 36 |24% | 40 |32% |
| 33 |18% | 37 |26% | | |

Option C factor table

To obtain your Option C factor, determine what your age will be *on your birthday closest to your retirement date*; then determine what your beneficiary's age will be *on his or her birthday that is closest to your retirement date*.

Your Option C factor is the number where the row and column for your ages intersect. If the combination of your ages is not listed here, please visit our web site at mass.gov/mtrs or contact us for the appropriate factor.

Beneficiary's age

| | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 |
|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Member's age | | | | | | | | | | | | | | | | | | | |
| 50 | .9509 | .9528 | .9546 | .9565 | .9583 | .9601 | .9618 | .9635 | .9652 | .9669 | .9685 | .9700 | .9715 | .9730 | .9744 | .9758 | .9771 | .9783 | .9796 |
| 51 | .9460 | .9480 | .9500 | .9520 | .9539 | .9558 | .9577 | .9596 | .9614 | .9632 | .9650 | .9667 | .9683 | .9699 | .9715 | .9730 | .9744 | .9758 | .9772 |
| 52 | .9408 | .9429 | .9450 | .9471 | .9492 | .9512 | .9533 | .9553 | .9573 | .9592 | .9611 | .9630 | .9648 | .9665 | .9683 | .9699 | .9715 | .9730 | .9745 |
| 53 | .9350 | .9372 | .9395 | .9417 | .9440 | .9462 | .9484 | .9506 | .9527 | .9548 | .9569 | .9589 | .9609 | .9628 | .9646 | .9665 | .9682 | .9699 | .9716 |
| 54 | .9287 | .9311 | .9335 | .9359 | .9383 | .9406 | .9430 | .9453 | .9477 | .9499 | .9522 | .9544 | .9565 | .9586 | .9606 | .9626 | .9645 | .9664 | .9682 |
| 55 | .9219 | .9244 | .9270 | .9295 | .9320 | .9346 | .9371 | .9396 | .9421 | .9445 | .9470 | .9493 | .9517 | .9539 | .9562 | .9583 | .9604 | .9625 | .9644 |
| 56 | .9146 | .9173 | .9199 | .9226 | .9253 | .9280 | .9307 | .9334 | .9360 | .9387 | .9413 | .9438 | .9463 | .9488 | .9512 | .9536 | .9559 | .9581 | .9603 |
| 57 | .9068 | .9096 | .9124 | .9152 | .9181 | .9209 | .9238 | .9267 | .9295 | .9323 | .9351 | .9379 | .9406 | .9433 | .9459 | .9484 | .9509 | .9534 | .9558 |
| 58 | .8984 | .9013 | .9043 | .9073 | .9103 | .9133 | .9163 | .9194 | .9224 | .9254 | .9284 | .9314 | .9343 | .9372 | .9400 | .9428 | .9455 | .9482 | .9507 |
| 59 | .8895 | .8925 | .8956 | .8987 | .9019 | .9051 | .9083 | .9115 | .9147 | .9179 | .9211 | .9243 | .9274 | .9305 | .9336 | .9366 | .9395 | .9424 | .9452 |
| 60 | .8800 | .8831 | .8863 | .8896 | .8929 | .8963 | .8997 | .9031 | .9065 | .9099 | .9133 | .9167 | .9200 | .9233 | .9266 | .9299 | .9330 | .9361 | .9392 |
| 61 | .8699 | .8732 | .8765 | .8799 | .8834 | .8869 | .8904 | .8940 | .8976 | .9012 | .9048 | .9084 | .9120 | .9156 | .9191 | .9225 | .9260 | .9293 | .9326 |
| 62 | .8592 | .8626 | .8661 | .8696 | .8732 | .8769 | .8806 | .8844 | .8882 | .8920 | .8958 | .8996 | .9034 | .9072 | .9110 | .9147 | .9184 | .9220 | .9256 |
| 63 | .8481 | .8516 | .8551 | .8588 | .8626 | .8664 | .8703 | .8742 | .8782 | .8822 | .8862 | .8902 | .8943 | .8983 | .9023 | .9063 | .9102 | .9141 | .9179 |
| 64 | .8364 | .8400 | .8437 | .8475 | .8513 | .8553 | .8594 | .8635 | .8676 | .8718 | .8760 | .8803 | .8846 | .8888 | .8931 | .8973 | .9015 | .9057 | .9098 |
| 65 | .8241 | .8278 | .8316 | .8355 | .8395 | .8436 | .8478 | .8521 | .8564 | .8608 | .8653 | .8697 | .8742 | .8787 | .8832 | .8877 | .8922 | .8967 | .9011 |
| 66 | .8113 | .8151 | .8190 | .8230 | .8271 | .8314 | .8357 | .8401 | .8446 | .8492 | .8539 | .8585 | .8633 | .8680 | .8728 | .8775 | .8823 | .8870 | .8917 |
| 67 | .7980 | .8018 | .8058 | .8099 | .8142 | .8186 | .8230 | .8276 | .8323 | .8370 | .8419 | .8468 | .8517 | .8567 | .8617 | .8667 | .8717 | .8768 | .8817 |
| 68 | .7840 | .7879 | .7920 | .7962 | .8006 | .8051 | .8097 | .8144 | .8192 | .8242 | .8292 | .8343 | .8394 | .8446 | .8499 | .8552 | .8605 | .8658 | .8711 |
| 69 | .7694 | .7734 | .7776 | .7819 | .7863 | .7909 | .7956 | .8005 | .8055 | .8105 | .8157 | .8210 | .8264 | .8318 | .8373 | .8428 | .8484 | .8540 | .8596 |
| 70 | .7542 | .7582 | .7624 | .7668 | .7713 | .7760 | .7808 | .7858 | .7909 | .7962 | .8015 | .8070 | .8125 | .8182 | .8239 | .8297 | .8355 | .8414 | .8473 |

RETIREMENT BENEFIT ESTIMATE WORKSHEET

Use this worksheet to compare your benefits under Options A, B and C.

The example illustrates the calculations for a member who is a veteran, and who retires on June 30, 2006 under RetirementPlus at age 58 with 35 years of creditable service, an average salary of \$42,000 for his or her highest three consecutive years or last three years, whichever is greater, and a beneficiary who is age 57.

Also shown here is the member-survivor benefit payable only under Option C. This benefit is payable on a monthly basis to your beneficiary for the rest of his or her life. The monthly amount is 1/12 of the annual amount.

| | | | | You as of | | You as of | |
|-----------------|--------------------------------------|-----------------|---|----------------|---|----------------|--|
| | | | | ____/____/____ | | ____/____/____ | |
| Option A | Option A Age Factor (see table) | .018 | | | | | |
| x | Years of creditable service | x 35 | x | | x | | |
| | % of salary average | 63% | | % | | % | |
| + | RetirementPlus %, if applicable* | + 22% | | % | | % | |
| | Allowable % of salary average** | 80% | | % | | % | |
| x | 3-year salary average | x \$42,000 | x | \$ | x | \$ | |
| | Option A annual allowance | \$33,600 | | \$ | | \$ | |
| + | Veteran's bonus*** | + \$300 | + | \$ | + | \$ | |
| | Final Opt. A annual allowance | \$33,900 | | \$ | | \$ | |
| Option B | Final Opt. A annual allowance | \$33,900 | | \$ | | \$ | |
| x | 99% (1% less than Option A)**** x | 99% | x | 99% | x | 99% | |
| | Option B annual allowance | \$33,561 | | \$ | | \$ | |
| Option C | Option A annual allowance | \$33,600 | | \$ | | \$ | |
| x | Option C Factor (see table) | x 92% | x | % | x | % | |
| | Option C annual allowance | \$30,912 | | \$ | | \$ | |
| + | Veteran's bonus | + \$300 | + | \$ | + | \$ | |
| | Final Opt. C allowance | \$31,212 | | \$ | | \$ | |
| x | 2/3 (annual survivor portion) | x 2/3 | x | 2/3 | x | 2/3 | |
| | Member-survivor benefit | \$20,808 | | \$ | | \$ | |

NOTES

* If you are participating in RetirementPlus, and you have 30 or more years of creditable service—at least 20 of which are teaching service with the MTRS or the State-Boston Retirement System—add 2% for each full year of creditable service over 24 years (see RetirementPlus Percentage table, page iii).

** Your "Allowable % of salary average" may not exceed 80 percent.

*** If you are a wartime veteran, \$15 for each year of teaching service (up to a maximum of \$300) is added to the Option A annual allowance.

**** As noted on page iii, the Option B allowance is approximately 1% less than the Option A amount. For purposes of illustration only, we have estimated the Option B amount at 1% less than the Option A amount.

Retirement Application, Part 1

For superannuation (regular or RetirementPlus) and termination retirement benefits

PART 1, SECTION 1

RETIREMENT DATA

a) Type of retirement (check one).....

Superannuation/Regular

Superannuation/RetirementPlus

Termination

b) Your intended date of retirement . . . mm/dd/yyyy

c) Your date of separation from service . . mm/dd/yyyy



☐ Notice of termination

Is your date of separation from service
the same as the last day of your
school/contract year?.....

Yes

No

If no, please attach a copy of your notice of termination.

d) Have you also applied for a disability retirement?....

Yes

No

PART 1, SECTION 2

APPLICANT DATA

a) Social Security numberXXX-XX-XXXX

b) MTRS member number, if known.....

Not known

c) Name Last

First

MI

d) Gender

M

F

e) Former/maiden name, if applicable.....

Not applicable

f) Date of birth mm/dd/yyyy

g) Mailing address Number and street

City

State

ZIP

h) Home phone number.....

-

i) Daytime phone number.....

-

ext.

j) E-mail, if any

Form F0001-RAP-05152006

MTRS USE ONLY

Received Required

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of marriage certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Certified copy of member's birth record |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of member's military discharge form DD214 |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of member's notice of termination |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of member's contracts/salary schedules for 3-year salary average period |
| <input type="checkbox"/> | <input type="checkbox"/> | Certified copy of Option C beneficiary's birth record |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Option B beneficiary designation |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of member's qualified Domestic Relations Order |
| <input type="checkbox"/> | <input type="checkbox"/> | Additional sheet(s) regarding conviction of criminal offense |
| <input type="checkbox"/> | <input type="checkbox"/> | Voided check |

Date received

PART 1, SECTION 2

APPLICANT DATA

Continued

k) By how many school districts are you currently employed?

None (inactive) 1 2 3

Name of current school district(s)

Position title(s)

| |
|--|
| |
| |
| |

| |
|--|
| |
| |
| |

☐ Military discharge form DD214l) Military **veteran** status (check one)

Nonveteran

Veteran



m) On November 1, 2003, were you married to a person who was a member of a Massachusetts contributory retirement system?

No

Yes

If yes, on your intended date of retirement, will your spouse be retired from a Massachusetts contributory retirement system?

No

Yes

If yes, name of spouse's retirement system

| |
|--|
| |
|--|

☐ Marriage certificate (photocopy OK)n) What is your expected **marital** status on your intended date of retirement?

Single

Single/divorced (see DRO, below)

Single/widowed

Married (provide details, below)



Married/formerly divorced



(see DRO, below, and provide spouse details, below)

NOTE: Regardless of your expected marital status on your intended date of retirement, you **must** complete Section 8, Spousal acknowledgment.

o) Spouse's name, if applicable Last

| |
|--|
| |
|--|

First

| |
|--|
| |
|--|

MI

| |
|--|
| |
|--|

p) Spouse's gender.....

M

F

q) Spouse's address, if different... Number and street

| |
|--|
| |
|--|

City

| |
|--|
| |
|--|

State

| |
|--|
| |
|--|

ZIP

| |
|--|
| |
|--|

☐ Qualified Domestic Relations Order (photocopy OK)r) **DRO:** If you have ever been divorced, do you have a qualified Domestic Relations Order (DRO) in effect?

No

Yes



If yes, and if it requires you to select your retirement option in accordance with the DRO, please be sure to follow the terms of the DRO in selecting your retirement option.

s) **Alternate address:** If you will be residing at an address other than the one listed at line g (for example, a summer or retirement address) during the next several months, please list it below.

Mailing address Number and street

| |
|--|
| |
|--|

City

| |
|--|
| |
|--|

State

| |
|--|
| |
|--|

ZIP

| |
|--|
| |
|--|

Phone number.....

| | | |
|--|---|--|
| | - | |
|--|---|--|

Dates at this address From mm/dd/yyyy

| |
|--|
| |
|--|

To mm/dd/yyyy

| |
|--|
| |
|--|

☐ Additional sheet(s) describing offense

t) Have you ever been convicted of a criminal offense involving your Massachusetts public employment?

No

Yes







Please attach additional sheet(s) to describe the offense.





PART 1, SECTION 3

FINAL AVERAGE
SALARY DATA

Please report your salaries for a total of four years: **EITHER** your three highest consecutive years' salaries **OR** your last three years' salaries, **whichever three-year period is greater**, as well as your salary for the year that preceded this period (the "fourth" year). Note:

- By law, these figures cannot include any monies received on account of your notification to your school district of your intent to retire, or monies received on account of or in lieu of sick leave buyback or unused vacation.
- **You must submit copies of your salary schedules from your collective bargaining agreement verifying the salaries listed here.** Be sure to include any pages referencing contractual language to substantiate any earnings in excess of your regular contract rates. If you are an administrator, you must submit complete copies of your contracts for the salaries listed here.
- We will verify your salary data with your employer, and your final retirement benefit will be based on your employer's verified salary figures.

-  ☐ Salary schedule
-  ☐ Salary schedule
-  ☐ Salary schedule
-  ☐ Salary schedule

| | Contract year | | Percentage of full-time employment | Total compensation | |
|----|----------------------|----------------------|---|-----------------------|---|
| | From mm/dd/yyyy | To mm/dd/yyyy | (For example, indicate full-time employment as 100%; half-time as 50%) | | |
| a) | <input type="text"/> | <input type="text"/> | <input type="text" value=" %"/> | <input type="text"/> |  |
| b) | <input type="text"/> | <input type="text"/> | <input type="text" value=" %"/> | <input type="text"/> |  |
| c) | <input type="text"/> | <input type="text"/> | <input type="text" value=" %"/> | <input type="text"/> |  |
| d) | <input type="text"/> | <input type="text"/> | <input type="text" value=" %"/> | <input type="text"/> |  |

e) Has your school district settled its contract for the current year? Yes No
If no, please:

- Be advised that changes to the current contract rate will impact your retirement allowance.
- Send us a copy of the new contract as soon as it is settled, and be sure to include your name and Social Security number with the contract.
- Ask your payroll officer to send us verification of the new contract rate.

PART 1, SECTION 4

CREDITABLE
SERVICE HISTORY

Your retirement benefit is based in part on the number of years of creditable service you have, so it is very important that you complete this section accurately and in full to the best of your ability. If you have any questions, please refer to our web site or call one of our offices.

a) **What types of creditable service have you rendered?** Please check all that apply.

Regular Massachusetts public teaching service

Out-of-state public school teaching service

Overseas dependent school teaching service

(in a school under the supervision of the United States Department of Defense)

Nonpublic school teaching service (out-of-state or in Massachusetts)

Massachusetts public school substitute, temporary or part-time teaching or tutoring service

Other Massachusetts public service (with a Massachusetts town, city, state or regional authority)

Vocational work experience for licensure/approval in a Massachusetts Ch. 74 vocational program

Pre-1975 maternity leave credit

Peace Corps service

Authorized leave of absence or a sabbatical from a Massachusetts public school [see page 5]

Active military service in the armed forces of the United States, Massachusetts National Guard or active reserves [see page 5]

b) **Please list ALL of your creditable service in chronological order by employer** (earliest to most recent).

To ensure that we have a complete picture of your service history—and that you receive the maximum credit to which you are entitled for your eligible service—please include **all** of the types and periods of creditable service that you have rendered during your career, including any service which you may have purchased (or be in the process of purchasing) with the MTRS. Please note that you cannot purchase creditable service after you have retired.

| Name of employer | Position title | From mm/dd/yyyy | To mm/dd/yyyy | Employment status (as a % of full-time, e.g., 50%, 100%) | Service credit status (check one) | | |
|------------------|----------------|--------------------|------------------|--|-----------------------------------|-----------------------|------------------------|
| | | | | | Credited | I plan to purchase | I will not purchase |
| 1 | | | | % | | | |
| 2 | | | | % | | | |
| 3 | | | | % | | | |
| 4 | | | | % | | | |
| 5 | | | | % | | | |
| 6 | | | | % | | | |
| 7 | | | | % | | | |
| 8 | | | | % | | | |
| 9 | | | | % | | | |
| 10 | | | | % | | | |

If you need more space to list your creditable service, please attach additional sheets, and check this box to indicate that additional sheets are attached.

c) Please enter your **best estimate** of your total number
of years of creditable service

years

PART 1, SECTION 4

CREDITABLE
SERVICE HISTORY

Continued

d) If you checked “Authorized leave of absence or a sabbatical” in Section a on page 4, please provide the following information.

| Name of employer | Position title | From mm/dd/yyyy | To mm/dd/yyyy | Compensation received (check one) | |
|------------------|----------------|--------------------|------------------|-----------------------------------|--|
| | | | | No compensation | Partial compensation, and indicate % of full-time compensation paid |
| 1 | | | | | % |
| 2 | | | | | % |
| 3 | | | | | % |

e) If you checked “Active military service” in Section a on page 4, please provide the following information.

| Type of military service | From mm/dd/yyyy | To mm/dd/yyyy | Service credit status (check one) | | |
|--------------------------|--------------------|------------------|-----------------------------------|-----------------------|------------------------|
| | | | Credited | I plan to purchase | I will not purchase |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

PART 1, SECTION 5

YOUR FEDERAL
TAX WITHHOLDING
INSTRUCTIONS
TO US

Form W-4P

Withholding certificate for
pension or annuity payments

OMB No. 1545-0415

Department of the Treasury
Internal Revenue Service

For Privacy Act and Paperwork
Reduction Act notice,
see IRS instructions online
at www.irs.gov.

For more information on
tax withholding and the
complete IRS Form W-4P,
please visit the web site of the
Internal Revenue Service,
at www.irs.gov.

Be sure to keep a copy of
this page for your records.

Purpose: Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any income tax withheld from the payment (except for eligible rollover distributions, or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

What do I need to do? Complete lines A through G of the **Personal allowances worksheet**. Access the IRS instructions below to use additional worksheets, available at www.irs.gov, to adjust your withholding allowances for multiple pensions/more-than-one-income situations. If you do not want any income tax withheld, you can skip the worksheet and go directly to *Federal Tax Withholding Instructions*, below. **SIGN this form;** it is not valid unless you sign it.

PERSONAL ALLOWANCES WORKSHEET

A Enter "1" for **yourself** if no one else can claim you as a dependent. ☐

B Enter "1" if: ☐ You are single and have only one pension; or
☐ You are married, have only one pension, and your spouse has no income subject to withholding; or
☐ Your income from a second pension or a job, or your spouse's pension or wages (or the total of all) is \$1,000 or less..... ☐

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or you have more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) ☐

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return. ☐

E Enter "1" if you will file as **head of household** on your tax return ☐

F **Child Tax Credit** (including additional child tax credit):

- ☐ If your total income will be less than \$54,000 (\$79,000 if married), enter "2" for each eligible child.
- ☐ If your total income will be between \$54,000 and \$84,000 (\$79,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have four or more eligible children..... ☐

G Add line A through F and enter total here (**Note:** *This may be different from the number of exemptions you claim on your tax return.*) ☐

For accuracy,
complete all
worksheets
that apply.
These
worksheets are
available online
at www.irs.gov.

- ☐ If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet**.
- ☐ If you have more than one source of income subject to withholding and your combined income from all sources exceeds \$35,000 (\$25,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** to avoid having too little tax withheld.
- ☐ If **neither** of the above situations applies, stop here and enter the number from line G on line 2, below.

FEDERAL TAX WITHHOLDING INSTRUCTIONS Complete the following applicable lines.

1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ☐

2 Total number of allowances and marital status you are claiming for withholding from each retirement allowance payment. (You may also designate an additional dollar amount on line 3.) ☐

Marital status: Single Married Married, but withhold at higher "Single" rate

3 Additional amount, if any, you want withheld from each pension or annuity payment. (Note: You cannot enter an amount here without entering the number (including zero) of allowances on line 2.)

Applicant's signature

X

Date

Name first m. last

SSN

Address (number and
street, city, state, zip)

PART 1, SECTION 6

DIRECT DEPOSIT
AUTHORIZATION

You may receive your monthly retirement allowance payments in one of two ways: in a check that is mailed to you or by direct deposit to your bank account (also known as an electronic funds transfer, or EFT). Please note:

- We strongly encourage you to receive your payment via direct deposit—it is safe and convenient, and you don't have to worry about a check being stolen or lost in the mail, or having to cash the check on your own. Over 80 percent of our retirees now receive their payments via direct deposit.
[NOTE: Direct deposit is not available to accounts outside of the United States or in Puerto Rico.]
- You may change the way you receive your payments at any time and as often as you want during your retirement by notifying us in writing.
- In most cases, your first retirement check will be mailed to your home *even if you sign up for direct deposit*. This slight delay is to allow the State Treasury time to test your electronic funds transfer before your first direct deposit is made.
- Direct deposit statements are **not** mailed to you every month. Once your direct deposit starts, you will receive a statement in the mail detailing your monthly benefit and deductions. After this initial statement, you will receive a statement only: when there is a change in the amount of your deposit from the prior month; when we wish to use the message area in the statement stub to notify all retirees of special news; or at the end of December, when we provide you with a year-end summary of your benefits.
- If this section is left blank, we will automatically mail your checks to you at your home address.
- It is important that you always keep your address up to date with us, and that you notify us of any changes at least 30 days in advance. Whether you receive your payment by way of direct deposit or a mailed check, this is especially vital, as retirement checks and direct deposit statements will **not** be forwarded by the post office.
- If you wish to have your benefit deposited into a **checking** account, please refer to the sample check below for the location of the routing and bank account numbers. Please be sure to include a voided check with your other attachments to your retirement application.

Note: This is a sample only. Your check may be set up differently, and may not display your routing and account numbers as shown. Please contact your financial institution if you have any questions about your particular numbers.

Your 9-digit bank ABA routing number (first two digits must be 01–12 or 21–32)

Your bank account number

- If you wish to have your benefit deposited into a **savings** account, your deposit slip may have the numbers, or you can call your bank for the information. Some financial institutions have unique ABA routing and account numbers for electronic payments. To avoid any delay, verify your ABA routing and account numbers with your financial institution before completing this process.

a) Name of financial institution

b) ABA routing number 9 digits

c) Account type

Checking ☒

Savings ☐

d) Account number No dashes or spaces



☐ Voided check

Applicant's signature



Date

Name first m. last

SSN

PART 1, SECTION 7

YOUR RETIREMENT
OPTION SELECTION,
STATEMENT AND
SIGNATUREIMPORTANT
NOTE

If you have ever been divorced, and you have a qualified Domestic Relations Order (DRO), and the terms of your DRO specify the retirement option that you must choose, please be sure to complete this section in accordance with your DRO.



☐ Completed
Option B beneficiary
designation



☐ Option C beneficiary's
birth certificate
(must be a
certified copy)



☐ Marriage certificate
(photocopy OK)

Please select your retirement Option and provide the required information. Note:

- Be sure that you have reviewed the information on our web site or on page iii of this application regarding the benefits provided by each of the three available retirement options. **Please estimate your benefits using either our online estimator or the worksheet included on page iv of this application before you finalize your option selection.**
- Once your effective date of retirement has passed, you cannot change your retirement option, nor can you change your date of retirement. Because of this fact, it is important that you understand the retirement options that are available to you and that you make an informed decision based on your financial needs and the financial needs of your family.
- If you have any questions, please contact our office.

I, the undersigned, having applied for retirement from the Massachusetts Teachers' Retirement System, hereby elect to receive my retirement allowance under the option selected below (**check one**):

☐

Option A

Option A provides the maximum benefit allowance amount, and no survivor benefits.

☐

Option B

Option B provides a benefit allowance that is approximately 1 percent less than the Option A allowance. It also provides for the lump-sum payment of the remainder of the member's annuity savings account, if any, to the named beneficiary or beneficiaries. You may change your beneficiary designation at any time during your retirement by notifying us in writing. **If you select Option B, you must designate your Option B beneficiary(ies) by completing Section 9 of this application.**

☐

Option C

Option C provides a benefit allowance that is generally 9 to 11 percent less than the Option A allowance. Upon the member's death, it also provides a monthly survivor benefit payable to the named beneficiary. If you are selecting Option C, you **must** designate your Option C beneficiary here:

■ Name of beneficiary first m. last .

■ Beneficiary's date of birth . mm/dd/yyyy .

■ Social Security number. XXX-XX-XXXX .

■ Relationship to you

Parent

Sibling

Child

Spouse

Former spouse who has not remarried

You may **not** change your Option C beneficiary designation after your date of retirement. In the event that your Option C beneficiary predeceases you, contact the MTRS so that we may adjust your benefit to the higher, Option A "pop-up" amount.

I have selected the option checked above and understand that I cannot change my option selection after my date of retirement.

Applicant's signature



Date

Name (please print)

SSN

NOTE: Even if you do not expect to be married on your intended date of retirement, you **MUST** also complete Section 8, Spousal acknowledgment.

PART 1, SECTION 8

SPOUSAL
ACKNOWLEDGMENT

You **MUST** complete Section a, below, and then, if applicable, your spouse must complete section b. If your spouse's whereabouts are unknown, you must complete a notarized affidavit (available upon request from the MTRS's main office), including your spouse's last known address.

a) I, the undersigned, having applied for retirement from the Massachusetts Teachers' Retirement System, have elected to receive my retirement allowance under the option selected in the previous section. I hereby certify that (check all that apply):

☐

I am now married or expect to be married as of my intended date of retirement as stated in this application. Please sign and date this section, then give this form to your spouse for completion of section b.

☐

I have been divorced and it is my understanding that there is is not don't know a Domestic Relations Order on file with the MTRS. Please sign and date this section, then return your entire application to the MTRS.

☐

I am NOT currently married and do not expect to be married as of my intended date of retirement as stated in this application. Please sign and date this section, then return your entire application to the MTRS.

I subscribe under the penalties of perjury that the above information is true, complete and correct to the best of my knowledge.

Applicant's signature



Date

Name (please print)

SSN

b) As the spouse of a member who is retiring from the MTRS, you are entitled to both notification and explanation of the retirement option selected by the member. You must sign Section b before one witness; **the member named in Section a, above, cannot be your witness.** The witness must sign and date the form on the same day that you do; it is not necessary that your witness be a Notary Public.

Before completing this section, please see which retirement option your spouse has chosen in the previous section, and then read the explanations of the available retirement options as provided under "Benefit estimates," above, as well as on pages iii and iv of this application and on our web site at mass.gov/mtrs.

Please be sure that you have read and understand the various provisions of the option selected by your spouse, specifically, the benefits to which you may or may not be entitled to upon his or her death. If you have any questions, do not hesitate to contact the MTRS for an explanation.

If you fail to sign this Spousal acknowledgment, the MTRS will notify you within fifteen (15) days by registered mail of the option selected by your spouse and your right to sign and return the spousal acknowledgment within thirty (30) days. Failure to sign and return the Spousal Acknowledgment to the Massachusetts Teachers' Retirement System within 30 days will result in your spouse's selection becoming effective without your signature.

I, the undersigned, am the spouse of the member named in Section a, above, who has applied for retirement from the Massachusetts Teachers' Retirement System. I hereby certify that

■ I have read and understand the information on Options A, B and C, and

■ I am aware of the option selected by the applicant and understand the provisions of that option.

I subscribe under the penalties of perjury that the information I have supplied in this form is true, complete and correct to the best of my knowledge.

Spouse's signature



Date

Name (please print)

SSN

SPOUSE'S SIGNATURE WITNESSED BY (must be witnessed by someone **other** than the member)

Witness's signature



Date

Name (please print)

Address.....

PART 1, SECTION 9**OPTION B
BENEFICIARY
DESIGNATION**

Complete this section **ONLY** if you have selected **Option B** in Section 8.

If you have selected Option A or Option C, do **not** complete this section.

Option B provides a benefit allowance that is approximately 1 percent less than the Option A allowance. It also provides for the lump-sum payment of the remainder of the member's annuity savings account, if any, to the named beneficiary or beneficiaries.

Please note:

- If you designate no one, the balance of your account remaining at the time of your death will be paid to your estate.
- You may change your Option B beneficiary designation at any time during your retirement by notifying us in writing.
- You may name more than one person or entity. If you do name more than one person, however, please be sure to indicate the percentage of your benefit that each beneficiary should receive (the total must equal 100 percent). If you fail to indicate a percentage, we will distribute the benefit equally among the beneficiaries. If the total does not equal 100 percent, the difference will be paid to your estate.

Please designate your **PRIMARY** Option B beneficiary(ies):

| Name of beneficiary (if a person, indicate first, MI and last names, and address, date of birth and relationship to you) | Type (check one) Person Trust, estate or organization | Social Security number or tax ID XXX-XX-XXXX | % of benefit |
|---|--|--|------------------------|
| <input type="text"/> | | <input type="text"/> | <input type="text"/> % |
| Address <input type="text"/> | Date of birth <input type="text"/> mm/dd/yyyy | Relationship <input type="text"/> to you | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> % |
| Address <input type="text"/> | Date of birth <input type="text"/> mm/dd/yyyy | Relationship <input type="text"/> to you | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> % |
| Address <input type="text"/> | Date of birth <input type="text"/> mm/dd/yyyy | Relationship <input type="text"/> to you | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> % |
| Address <input type="text"/> | Date of birth <input type="text"/> mm/dd/yyyy | Relationship <input type="text"/> to you | <input type="text"/> |

Total must equal 100%

In the event that the named lump-sum beneficiary(ies) named above are not alive at the time of your death, the survivor benefit, if any, will be paid to your contingent beneficiary(ies). If any of your primary beneficiaries predecease you, they are replaced by a contingent beneficiary, in the order in which you name them, below. The remaining primary beneficiaries' shares do not increase if one of them predeceases you. If there is no contingent beneficiary who is presently living, that share is paid to your estate.

Please designate your **CONTINGENT** Option B beneficiary(ies):

| Name of beneficiary (if a person, indicate first, MI and last names) | Type (check one) Person Trust, estate or organization | Social Security number or tax ID | % of benefit |
|---|--|-------------------------------------|------------------------|
| <input type="text"/> | | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> % |

Retirement Application, Part 2

For superannuation (regular or RetirementPlus) and termination retirement benefits

PART 2, SECTION 1

SERVICE AND SALARY DATA

Instructions to member:

Please provide your personal data and then forward these four pages **to your payroll officer** for completion of Sections 2 through 5.

Your payroll officer will then return these four pages to you for forwarding to the MTRS along with Part 1, pages 1 through 10.

NOTE: If you are employed by more than one school district on your intended date of retirement, please make additional copies of these four pages and have them completed by a payroll administrator in each of the districts in which you are employed.

a) Name of member Last

First

MI

b) Social Security number XXX-XX-XXXX

c) Type of retirement (*check one*)

☐ Superannuation/Regular

☐ Superannuation/RetirementPlus

☐ Termination

d) Intended date of retirement mm/dd/yyyy

e) Name of school district.....

INSTRUCTIONS TO PAYROLL OFFICER

Please follow these steps:

- **Complete** Sections 2 through 5, below, and make a copy of these four pages for your records.
- If, at some later date, there is a change in the salaries reported in Section 3—either because of a retroactive contract settlement or error—please **mark the corrections** directly on a copy of this sheet, initial and date any changes and send the copy to the MTRS. If the changes resulted from a contract settlement, please forward a copy of the relevant contract language along with the corrected pages. Likewise, if the change in salaries reported in Section 3 results in a change in the current deductions listed in Section 4, please indicate, initial and date that change too.
- **Return** these four pages (Sections 1 through 5) to the member. It is then the member's responsibility to submit his or her entire *Retirement Application* to the MTRS three to four months prior to his or her effective date of retirement.

Your assistance in expediting the completion of these pages will be most appreciated!

PART 2, SECTION 2

SERVICE VERIFICATION

Please report this member's service with your school department. Please indicate whether service was rendered on a full-time or part-time basis; if service was rendered on a part-time basis, please also indicate it as a percentage of full-time. If necessary, please attach additional sheets to report this service.

| From (mm/dd/yyyy) | To (mm/dd/yyyy) | Full-time | OR | Part-time, and indicate % of full-time |
|----------------------|----------------------|--------------------------|----|--|
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | | <input type="text"/> % |

For the service reported above, please report any authorized **leaves of absence** when no compensation or partial compensation was received.

| From (mm/dd/yyyy) | To (mm/dd/yyyy) | No compensation | OR | Partial compensation, and indicate % of full-compensation |
|----------------------|----------------------|--------------------------|----|---|
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | | <input type="text"/> % |

PART 2, SECTION 3

SALARY
VERIFICATION

Please report the three (3) consecutive contract years when this member's salary was the highest.

| | From (mm/dd/yyyy) | To (mm/dd/yyyy) |
|----|-------------------|-----------------|
| 1) | / / | / / |
| 2) | / / | / / |
| 3) | / / | / / |

Additionally, please report the member's contract rate for the contract year **prior** to the three years listed above.

| From (mm/dd/yyyy) | To (mm/dd/yyyy) | Salary |
|-------------------|-----------------|--------|
| / / | / / | \$ |

During any of the years listed above, was any portion of the member's salary paid by Workers' Compensation? ☐ No ☐ Yes

Salary history: Please report the following information for the member. If the member's last year of earnings was not a complete school year, please list that partial year and the three (3) full school years prior to it. If there are two contract rates in effect during one school year, please do not try to average the amounts; instead, use two lines—one for each contract period—and complete columns B through G for each period.

NOTE: By law, retirement deductions cannot be withheld for any monies received on account of a member's notification to his or her school department of his or her intention to retire or in lieu of sick leave or unused vacation.

| A Period each salary rate was in effect during the three years of highest salaries listed above <i>Use a separate line for each salary rate</i> From (mm/dd/yyyy) To (mm/dd/yyyy) | B Number of days paid during period | C Number of days in contract year | D Annual contract rate for each period | E Additional salary earned for coaching, extracurricular activities or longevity | F Amounts paid for unused sick leave, early retirement incentives, bonuses or severance payments | G Actual salary paid <i>(Do not include amounts listed in column F)</i> |
|--|--|--------------------------------------|---|---|---|---|
| / / / / | | | \$ | \$ | \$ | \$ |
| / / / / | | | \$ | \$ | \$ | \$ |
| / / / / | | | \$ | \$ | \$ | \$ |
| / / / / | | | \$ | \$ | \$ | \$ |
| / / / / | | | \$ | \$ | \$ | \$ |
| / / / / | | | \$ | \$ | \$ | \$ |

NOTES

- If column B does not equal column C, but the applicant worked the entire contract year, please attach additional sheet(s) to explain why (for example, because of disciplinary reasons).
- If column G does not equal columns D plus E, please attach additional sheet(s) to explain why (for example, because of a legal issue, Workers' Compensation payments, salary lost due to misconduct or any additional agreements).

PART 2, SECTION 3

SALARY VERIFICATION

Continued

Please provide a breakdown, by school year, of additional salary earned for coaching, extracurricular activities, longevity or any other amounts listed in column E, above. If necessary, please attach additional sheets to report this service.

| From (mm/dd/yyyy) | To (mm/dd/yyyy) | Identify type of earning (indicate specific title of extracurricular activity) | Amount paid |
|-------------------|-----------------|--|-------------|
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |
| / / | / / | | \$ |

Were the additional earnings listed directly above
paid under the terms of an annual contract? ☐ No ☐ Yes (please attach the applicable sections of the contract)

PART 2, SECTION 4

CURRENT
DEDUCTIONS

Please report this member's current monthly deduction and projected future deductions from the date of this application through the applicant's date of retirement.

- Indicate both the regular deduction and, if applicable, the additional 2% on earnings over \$30,000.
- If the member is participating in RetirementPlus and is paying his or her accelerated RetirementPlus cost, if any, via payroll reduction, please also indicate those monthly payments.
- Please indicate the month of the member's last payroll deduction.

| Date (mm/yyyy) | Regular deduction amount | 2% deduction amount, if applicable | RetirementPlus accelerated payment amount, if applicable | Final deduction (check only one box) |
|-------------------|-----------------------------|---------------------------------------|---|--|
| / | \$ | \$ | \$ | <input type="checkbox"/> |
| / | \$ | \$ | \$ | <input type="checkbox"/> |
| / | \$ | \$ | \$ | <input type="checkbox"/> |
| / | \$ | \$ | \$ | <input type="checkbox"/> |
| / | \$ | \$ | \$ | <input type="checkbox"/> |
| / | \$ | \$ | \$ | <input type="checkbox"/> |

Has your school district settled its contract for the current year? ☐ Yes ☐ No

If no, please be advised that changes to the current contract rate will impact the member's retirement allowance. **Please send us a copy of the new contract as soon as it is settled**, and be sure to include the member's name and Social Security number with the contract.

PART 2, SECTION 5

STATEMENT AND
SIGNATURE OF
SCHOOL
DEPARTMENT
OFFICIAL

To your knowledge, has the applicant ever been convicted of a criminal offense related to the member's office or position?

☐ Yes ☐ No ☐ Don't know

If yes, please attach additional sheet(s) to describe the offense

Is the member's separation from service related in any way to a criminal action? ... ☐ Yes ☐ No

I hereby certify, under the penalties of perjury, that the above information is true, complete and correct to the best of my knowledge. Additionally, I have made a copy of these pages (Part 2, Sections 1 through 5) for future reference and clarification, if necessary.

Signature of school
department official....

X

Date

/ /

Name (please print) ...

Title.....

Phone

Fax.....

E-mail.....

Please return these four pages, along with copies of all applicable contracts, to the applicant, for submittal to the MTRS. Thank you for your assistance to us and our members!